

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028558

3655 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 102 Registrar's No.

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 10 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3337 Wyandotte		d. STREET ADDRESS (If outside, give location) 3337 Wyandotte	
3. NAME OF DECEASED (Type or print) First BESSIE Middle F. Last NIDAY		4. DATE OF DEATH Month June Day 30 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lyntype Operator		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Star	
11a. FATHER'S NAME James A. Kreitzer		11b. MOTHER'S MAIDEN NAME Inez Watkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Mrs. Lin Dougherty		Address 3337 Wyandotte	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Hypertension & Coronary Heart Disease DUE TO (c) Dissecting PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instant 8 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		COUNTY Jackson STATE Missouri	
21. I attended the deceased from 6/25/62 to 10/31/62 and last saw her alive on 10/1/62 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. R. Becker	
22b. ADDRESS 4000 Baltimore Kansas City, Mo.		22c. DATE SIGNED 7/1/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-63	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		23d. LOCATION (City, town, or county) Glen Wood, Mo.	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 20 W. Linwood	
25. DATE RECD. BY LOCAL REG. 7-1-63		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
R. R. Becker

Dr. Richard Becker
4000 Baltimore

L01-5800

Mon 9 10:00 to 12:00 ^{871-E}

2:00 pm to 5:00 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hynd F. Dickman

Licensed Embalmer No. 5120

P. O. Address Ke 11, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.